Ageing, Disability and Gender

It is generally well known that women, on the average, live longer than men.

It is less well known that the general trend, after age 65, is for women to experience a greater number of years and a longer proportion of their lives disabled than men.

Disablement greatly increases with ageing, as shown by recent research published by the United Nations Statistical Division. In China, for instance, about half the people between the ages of 80 and 85 are disabled; the percentage goes down to 25 per cent at age 70-75, and down to 12 per cent at age 60-65.

But the experience of disability differs considerably in the life of women and men. Women after age 65 seem to have, on the average, much greater numbers of years with disabilities.

Recent calculations of a global indicator of disability demonstrate that women's longer life expectancy is associated with greater numbers of years of disablement. Such calculations consider data from Canada, China, Egypt, the Republic of Korea, Tunisia and the United States.

Estimates for Canada, for instance, show that at age 65 the average life expectancy for men is 14.9 years, with 6.8 years spent disabled—that is, 46 per cent of one's remaining life. Among Canadian women, life expectancy at age 65 is estimated at 19.2 years, with 9.8 years of disability, or 51 per cent of remaining life expectancy being spent disabled.

The rates for women are higher than those for men in each of the other countries considered, even if the magnitude of the results varies.

In China a 65-year-old woman has an average life expectancy of 14.6 more years, with 4.7 of these years spent with a disability. Chinese men can expect to live an average of 12.5 more years, with 3.6 of these years spent with a disability.

These differences result in diverging life experiences at older ages for women and men. For instance, under the conditions of longer life and greater number of years disabled, many married women care for their spouses' disability and death. Then, after their husbands' death, they confront a number of years of personal disability, often while living alone.

Towards effective policies

Such unique survival experiences must be taken into account in designing and putting into practice policies on ageing, disability and gender.

If disabilities greatly increase with age, how should they be incorporated in policies for the elderly? How can the stigma associated with elderly persons who have disabilities be eliminated? How should policies deal with the much greater proportion of elderly, disabled women?

The United Nations and its specialized agencies have provided a conceptual basis for effective national policies.

The World Programme of Action concerning Disabled Persons contains a global strategy to prevent disability, enhance rehabilitation and provide for the full participation of disabled persons in social life. The Programme was adopted by the United Nations General Assembly in 1982.

The International Plan of Action on Aging, adopted by the World Assembly on Aging in 1982 and endorsed by the United Nations General Assembly that same year, stresses the need for policies to meet the needs of elderly persons as individuals. Its recommendations call for ways to enable elderly people to maintain independent lives in their families and communities; for support services to help families, particularly poor families, to care for elderly relatives; and for the provision of social security, employment and housing.

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The Nairobi Forward-looking Strategies for the Advancement of Women, adopted by the United Nations General Assembly in 1985, stress the need for participation of women in higher professional and managerial positions in health institutions; health education for changing attitudes, values and actions discriminatory and detrimental to women's health; participation by women's organizations in primary health care activities and appropriate gender-specific indicators for monitoring women's health.

For its part, the World Health Organization (WHO) has defined disability by describing human function and activity at three levels—at the level of the organ (impairment), at the level of the person (disability) and at the level of interaction with society (handicap).

WHO has thus rejected the idea that disability is an illness, and has provided an alternative description that includes the interaction of disabled persons with their environment.

On this conceptual basis, WHO has prepared its International Classification of Impairments, Disabilities and Handicaps (ICIDH), which has been used by many Governments for a wide range of applications. The United Nations Statistical Division has prepared an international disability statistics database which uses the ICIDH for monitoring the situation of disabled persons and their families worldwide.

The Classification improves the study of disablement among elderly persons on the basis of such monitoring, diversified programmes can be put into practice—for instance, alternative housing arrangements, independent living programmes, and modifications in public transport and in architectural planning.

Neither aging nor disability is an illness. Aging is a description of the life cycle itself. Disability is the description of reductions in function and activities of daily living, and of life's roles associated with outcomes of disease, trauma, injury and changes in appearance that may occur in the life cycle. The quality of life of people with disabilities, or of elderly disabled people, is strongly affected by public attitudes concerning these events.

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